

SAPB Funding Request Form

Name: _____

Organization: _____

Phone: _____

Email: _____

Amount Requested: _____

Other Funding: _____

Event: _____

Purpose:

How will this event benefit the campus and its students?

With whom are you collaborating to make this event possible?

This form must be submitted at least 6 weeks in advance of program with a budget breakdown attached

For SAPB E-Board Use Only:

Approved _____

Denied _____

Signature of SAPB Director

Date: _____